SC Breast & Cervical Cancer Early Detection Program (Best Chance Network)

DIAGNOSTIC BREAST ULTRASOUND PROTOCOL

The following clinical elements serve as practice guidelines and Centers for Disease Control and Prevention's (CDC) minimum reporting requirements:

Diagnostic Evaluation

Diagnostic breast ultrasound may be performed on eligible women to differentiate between solid and cystic masses following a screening or diagnostic mammogram that suggests the presence of one or more cysts.

Ultrasound findings should be reported as follows:

- Negative
- Cyst
- **Solid mass (further evaluation required) or**
- ACR Final Assessment Categories 1-5:
  - 1/Negative
  - 2/Benign
  - 3/Probably Benign – *follow up per recommendations of radiologist – most findings will still be managed by short-term follow up**
  - **4/Suspicious (further evaluation required)**
  - **5/Highly Suggestive of Malignancy (further evaluation required)**

**Guidelines for use of this category have changed in the ACR BI-RADS, 4th Edition – 2003.*

Radiologic recommendations based on ultrasound findings may include:

- Repeat mammogram in 1 year
- Short-interval follow up in 3-6 months
- Fine-needle aspiration of cyst (within 30 days)
- Biopsy of discrete, solid mass (within 30 days)

Biopsy options include:

- Core needle biopsy, usually with image-guidance *(costs covered by Best Chance Network)*
- Excisional or incisional biopsy with or without preoperative placement of needle localization wire *(surgeon's fee covered by Best Chance Network – no coverage of hospital costs for operating room and anesthesia services)*

Staging

Appropriate primary tumor, regional lymph nodes and distant metastasis (TNM) staging for cancer must be reported to the SC Central Cancer Registry and to BCN if available. Stage I or greater must be evaluated by medical, surgical or radiation cancer specialists.

Treatment

Pathology reports of carcinoma-in-situ or invasive cancer require treatment be initiated within sixty (60) days of final diagnosis. Women screened through BCN and diagnosed with breast DCIS or invasive cancer or atypical hyperplasia, requiring treatment, are eligible to apply for Medicaid coverage of treatment services through the SC Breast and Cervical Cancer Program. BCN follow-up providers assist patients with the application.

Resources:

1. American College of Radiology. Breast Imaging Reporting and Data System (BI-RADS) Fourth Edition. Reston VA American College of Radiology; 2003. Online: www.ACR.com.

2. Saslow D, Hannan J, Osuch J et.al., Clinical breast examination: Practical recommendations for optimizing performance and reporting. CA Cancer J Clin Nov/Dec, 2004; 54, 6:327-344. Online: http://Caonline.AmCancerSoc.org - includes references.

Revised 06/2005